Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	1.110.6),	•		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	Santa Fe, New Mexico 87504-2088		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-025-32964 5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			L-201-2 7. Lease Name or Unit Agreement Name	
1. Type of Well:			Buckeye 2 State	
OR. WELL X OAS WELL. 2. Name of Operator) GHTA	and the second property of the second second second	8. Well No.	
•	ompany		9. Pool name or Wildcat	
1. Address of Operator			Reeves, Bone Sprin	g
4 (1) (1) (swell, N.M. 88202 505			5
Unit Letter 0 : 660	Feet From The South	Line and165	() Feet From The <u>East</u>	Line
Section 2	Township 18S R 10. Elevation (Show whether	\widehat{DF} , \widehat{RKB} , RT , GR , $oldsymbol{\epsilon}(c.)$		County
	Appropriate Box to Indicate	Nature of Notice, R	eport, or Other Data	
NOTICE OF IN	ITENTION TO:	SUL	SEQUENT REPORT OF:	٠
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	<u></u>
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDON	MENT
(<u> </u>	Varience	CASING TEST AND C	EMENT JOB X	
PULL OR ALTER CASING		OTHER: Spud		X
OTHER:				
work) SEE RULE 1103.	rations (Clearly state all pertinent details, a nole 5/28/95 @ 1:15 am	unt give pertinent dates, inch	kling estimated date of starting any proposed	
Omtd w/425 sks CL	405' 48# H-40 csg, Set @ 405 ''C' w/2% CaCl, Pd @ 10 ttached chart), Test cs	0:00 am 5/28/95;	Circ 25 sks to pit min, held ok	
Cmtd w/1500 sks 6. PD @ 5:45 pm, Cir	ole @ 3510' 32# J-55 csg; Set @ 35 5/35 "C" poz w/2% CaCl - c 300 sks to pit, WOC 5 for 30 min - held ok	+ 200 sks Cl ''C''	w/2% CaCl ched chart)	
I hereby certify that the information above is	true and complete to the best of my knowledge ac	nd belief.		
SIGNATURE BOY WILL	Bob Williams	me <u>Drilling Sup</u>	ertendent DATE 6/6/95	
TYPE OR PRINT NAME			TELEPHIONE NO.	
(This space for State Use)	rig. Signed by Paul Kautz Coologist		JUN 08 1	995
	Geriogist	TILE -	DATE	

CONDITIONS OF APPROVAL, IF ANY: